

Suicide Prevention, Intervention, and Aftercare

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The Link's National Resource Center
for Suicide Prevention and Aftercare

Risk Factors for Suicide

- Physical illness
- Easy access to lethal methods, especially guns.
- Unwillingness to seek help due to stigma.
- Influence of significant people who have died by suicide.
- Cultural and religious beliefs that see suicide as a noble resolution
- Local epidemics of suicide-contagion effects.

■ Surgeon General's Call to Action, 1999

Scope of the Problem

- Suicide takes over 29,000 lives each year.
- From 1980-1996 rate of suicide among persons aged 15-19 years tripled.
- Among persons aged 15-19 years, firearms related suicide accounted for 96% of the increase in the rate of suicide since 1980.
- In particular males over age 65 are at higher risk.

■ Surgeon General's Call to Action, 1999.

Other risk factors in youth

- Risk factors include:
 - Lack of a social network
 - Inability to express emotion
 - Poor impulse control
 - Substance use
 - Traumatic experience or abuse
 - Presence of clinical depression
 - Family hx of complete suicide

Risk Factors for Suicide

- Previous suicide attempt
- Mental disorders, particularly mood disorders
- Substance abuse disorders
- Family history of suicide
- Hopelessness and/or feelings of isolation
- Impulsive and/or aggressive tendencies
- Barriers to accessing mental health treatment
- Relational, social, work or financial loss

Protective Factors for Suicide

- Effective and appropriate clinical care for mental, physical, and substance abuse disorders.
- Easy access to a variety of clinical interventions and support for help seeking.
- Restricted access to highly lethal methods of suicide.
- Family and community support
- Learned skills in problem solving, conflict resolution, and nonviolent handling of disputes.
- Cultural/religious beliefs that discourage suicide.

Signs of Depression

- Changes in sleeping, eating patterns
- Increased agitation and/or irritability.
- Fatigue, loss of energy.
- Inability to concentrate. / increased indecisiveness
- Loss of interest in pleasurable activities.
- Excessive or inappropriate feelings of guilt.
- Reports feeling sad or empty, tearfulness
- Symptoms cause distress and marked impairment in functioning.

Warning Signs for Suicide

- **Situational**
 - Report of gaining access to lethal means, or having lethal means within easy access.
 - Discovery of suicide note, disclosure to friends.
 - Discussion of intention to die, not be around.
 - Increase in concrete thinking, regression.
 - Escalating problems or turmoil in person's primary support environment.

Why do they attempt/complete suicide?

- Constellation of factors
- Cup analogy
- Impulsivity more common in adolescents
- A majority of suicides are related to some emotional or mood problem, such as depression or bipolar disorder.

Intervention—Steps for Action

- **Three-step process of:**
 - Asking the right questions
 - Persuading person to postpone decision
 - Referring for help.
- **Things to consider:**
 - Addressing suicidality does not increase risk.
 - Who else may have information to help inform your assessment?
 - What is the system's plan for intervening if a person is suicidal?

Warning Signs for Suicide

- **Behavioral**
 - Suicide threats, previous attempts, gestures.
 - Giving away prized possessions, other final arrangements
 - Impulsive behaviors
 - Disturbance in sleep or appetite
 - Sudden changes in behavior
 - Communicating ambivalence about life to others
 - Increasing somatic complaints

Intervention

- **Questions to ask:**
 - Have you had thoughts of suicide?
 - Have you ever thought of a plan to end your own life?
 - What is that plan?
 - Is plan detailed, feasible?
 - Have you felt this way before? What happened?

Discussing suicide

- Do:
 - Show interest and support
 - Be direct
 - Be willing to accept what you hear
 - Be non-judgmental
 - Offer hope that help is available, not glib reassurance.

Assessment and Referral

- Questions to think about:
 - Who is available to further assess person?
 - If a minor, what is the procedure for notifying parents?
 - Is hospitalization necessary?
 - What is the procedure for follow-up with the suicidal person?

Intervention

- Handling the crisis
 - If person cannot commit to not harming self
 - If person has a plan
 - If person is particularly impulsive
 - If person has hx of attempts
 - If intuition tells you that person is not safe.

Assessment and Referral

- Important to remember:
 - Attention seeking is a cry for help.
 - Trust your instincts.
 - Allow time to talk with the suicidal person.
 - Check out your impressions with others: Do they agree, have more information?
 - Do not wait to act—follow through.
 - Know your resources and know yourself.
 - No surprises or secrets—trust, not dependence, is important.
 - Document and debrief.

Intervention

- If person has a plan
 - More specific the plan greater the intention to act on it
 - Never leave person alone if you believe they are suicidal and have a plan.
- Time to act is now if you believe person will act on plan.
- Err on the side of caution.
- Know your resources in advance.

Standard of Care for Suicide Assessment

- Assessing intention
- Assessing history of suicide and treatment
- Assessing family history of suicide
- Assessing for access to means
- Discussing safety plans
- Documenting all of the above, including follow up contacts.

Sharing Your Experiences with Suicide

- What have your experiences been with suicidal persons?
- What challenges have you faced dealing with suicidal behavior?
- What have you found to be helpful in dealing with suicidal behavior?

How to help

- Survivors may have spiritual questions about their loved one. These should be met with compassion, recognizing that suicide is often related to depression and related emotional problems.
- Survivors may have a need to talk about the death. Listening without judgment is helpful.
- Make appropriate referrals and have resources available.

Postvention

- Important to have postvention plan
- How will parish be informed?
- Who will handle requests?
- Will consultants be involved?
- What is appropriate re: memorials?
- How will others at increased risk be identified?

Resources

- The Link's National Resource Center for suicide Prevention and Aftercare
 - www.thelink.org
 - (404) 256-2919
 - Email: linknrc@bellsouth.net
 - Postvention and prevention information

Support for those bereaved by suicide

- Survivors of suicide support groups
- General bereavement groups (Compassionate Friends)
- On-line support groups (FFOS, POS)
- Books on grief, particularly suicide grief
- Individual and family counseling
- Medication/physician referral
- Remember, suicide bereavement can also have a traumatic component, and that survivors often feel isolated in their grief due to stigma.

Resources

- American Association of Suicidology
 - www.suicidology.org
 - Information on suicide prevention, statistics, etc.
- American Foundation for Suicide Prevention
 - www.afsp.org
 - Media guidelines for suicide prevention

SURVIVORS OF SUICIDE

ASKING THE QUESTION: WHY SUICIDE?

Asking “why did my loved one do this?” is the question that haunts most survivors of suicide. The outside world demands to know from us, and we don’t know ourselves. For some of us there were definite clues that our loved ones were depressed or that something was wrong. We either knew that they were in pain and did not know the extent of it, or we did know and tried everything we knew to get help for them. For others the suicide was completely out of character. Many people who end their lives are extremely good actors and actresses. They only allow us to see what they want us to see. In either instance, for many, we never thought it could really happen to us, to our loved ones, and to our families. It doesn’t make sense.

So we search, trying to put the pieces of the puzzle together. Hind sight is 20/20, and sometimes we find bits and pieces, clues to what might have happened to allow our loved ones to lose hope and give up on life. We often want a specific reason, a direct cause and effect. If we can understand exactly why our loved ones ended their lives, maybe we can keep it from happening again to someone else we love.

For years I struggled with this question myself, following the suicide of my boyfriend. The best explanation was described to me by Iris Bolton, the Executive Director of The Link Counseling Center in Atlanta, GA and a survivor of her son’s suicide. Iris went to Emory University and received a Masters in Suicidology in an attempt to answer this question for herself. She did not find it. Later, Iris found as close to an answer as she will have. It did not come from a Doctor, Professor, or a Therapist. It came from another mother who had lost her son by suicide. This is how it was described to me, and I share it with you;

“The Cup Analogy”

There is a cup of water sitting on a table. It is so full, it is rounded at the top. One or two drops of water are added to the cup and it spills over. What caused the water to spill? We want to blame the last one or two drops, but in an empty cup it would not

spill. It was not the water in the cup prior to the drops being added, because if left alone, it would not have spilled. It was a combination of all the drops of water in the cup that came before and the last one or two drops that caused the water to spill.

In a person’s life, the water in the cup is symbolic of all the hurt, pain, shame, humiliation, and loss not dealt with along the way. The last couple of drops symbolize the “trigger events”, “the last straw”, the event or situation that preceded the final act of taking one’s own life. Often we want to blame the trigger event, but this does not make sense to us. Like the water, these events all by themselves would not cause someone to end their life. It is the combination of everything in that person’s life not dealt with and the last one or two things that caused our loved ones to lose hope. For us, we must find a way to pour out the water along the way. This may be through talking it out, writing it out, sometimes yelling it out, whatever works for you. We must learn to deal with our pain in a way our loved ones could not.

This analogy does not give us the concrete answer many of us are looking for, but I know it made sense for me and has been helpful for many survivors. It allowed me to let go of the search for “why”, and to find a different way of dealing with my pain.

Tracy T. Dean, M.S

Suicide is a permanent solution to a temporary problem!

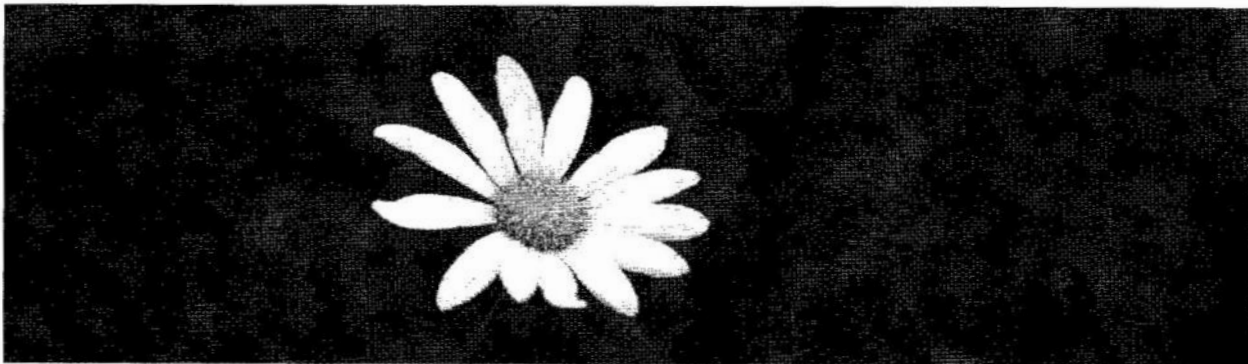
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GRIEF AND THE MOURNING PROCESS

Four "Tasks" of Grief after Suicide

Here are four steps toward surviving:

- **Tell the story:** Talk about what has happened until it becomes real. Talk to caring family and friends, attend a support group, begin individual work with a mental health professional, but find a way to speak about the person who died and how the death has impacted your life and family. Tell the story until you don't need to tell it anymore. Chances are, you will be close to acceptance at that point.
- **Express the Emotions:** Grief is filled with conflicting tidal waves of emotion. Just when you think you've accepted the death, disbelief may sweep over you again. You may feel intense anger along with equally intense feelings of love and loss. Or, in the midst of crying about the person's death, a sense of unreality may surface again. No matter what the range of emotions, all are to be expected during grief. It is crucial to get the emotions outside of yourself. "Stuffed" feelings can build and build and become overwhelming. Scream, cry, write, draw, punch a punching bag, tell someone, who is empathetic, take a walk, do SOMETHING to express what you feel. Some kind of creative expression of your grief can be particularly helpful. Feelings can only shift and change when they are experienced.
- **Make Meaning from the Loss:** Nothing can make what has happened "okay." Life is turned upside down and changed forever. However, you can determine that something good and reasonable will come out of the unreasonable tragedy that you are experiencing. At some point, you may be able to accept the reality that your loved one's entire life was not defined by his or her last decision—to die. Nothing can take away the good things the person accomplished. When you are ready, you may reach out to others with similar experiences... or set up a scholarship or other appropriate memorial in the person's name...or work in some capacity to better the lives of others. There are many, many ways to make meaning from tragedy.
- **Transition from the Physical Presence of the Person to the New Relationship:** While missing the physical presence of a loved one in our lives may continue well into the future, it is possible to transition into acceptance of the person's non-physical presence. What can that relationship be? For some, it is memories and love carried in our hearts. No one can take away our memories and, as long as we treasure love for the person who has died, they are not forgotten. The new relationship may be spiritual or in some other way in keeping with religious beliefs. A personal ritual of releasing the loved one through love may be meaningful.



SURVIVORS OF SUICIDE

BEYOND SURVIVING

I Don't Know Why...

I don't know why.
I'll never know why.
I don't have to know why.
I don't like it.
I don't have to like it.
What I do have to do
is make a choice about living.
What I want to do
is accept it and go on living.
The choice is mine.
I can go on living,
valuing every moment
in a way I never did before,
or I can be destroyed by it
and, in turn, destroy others.
I thought I was immortal.
That my family
and my children
were immortal too.
That tragedy happened
only to others.
But I know now that
life is tenuous.
So I am choosing to
go on living,
making the most of the time
I have, valuing
my family and friends
in a way never possible before.

-Iris M. Bolton

FROM MY SON...MY SON...
A GUIDE TO HEALING AFTER DEATH,
LOSS OR SUICIDE

Here are some suggestions from those who have lived through and beyond the death of a loved one.

1. Know you can survive. You may not think so, but you can.
2. Struggle with "why" it happened until you no longer need to know "why" or until you are satisfied with partial answers.
3. Know you may feel overwhelmed by the intensity of your feelings, but all your feelings are normal.
4. Anger, guilt, confusion, forgetfulness are common responses. You are not crazy - you are in mourning.
5. Be aware you may feel appropriate anger at the person, at the world, at God, at yourself. It's okay to express it.
6. You may feel guilty for what you think you did or did not do. Guilt can turn into regret through forgiveness.
7. Having suicidal thoughts is common. It does not mean that you will act on those thoughts.
8. Remember to take one moment or one day at a time.
9. Find a good listener with whom to share. Call someone if you need to talk.
10. Don't be afraid to cry. Tears are healing.
11. Give yourself time to heal.
12. Remember, the choice was not yours. No one is the sole influence in another's life.
13. Expect setbacks. If emotions return like a tidal wave, you may only be experiencing a remnant of grief, an unfinished piece.
14. Try to put off major decisions.
15. Give yourself permission to get professional help.
16. Be aware of the pain of your family and friends.
17. Be patient with yourself and with others who may not understand.
18. Set your own limits and learn to say no.
19. Steer clear of people who want to tell you what or how to feel.
20. Know that there are support groups that can be helpful, such as Compassionate Friends. If not, ask a professional to help start one.
21. Call on your personal faith to help you through.
22. It is common to experience physical reactions to your grief, such as headaches, loss of appetite, inability to sleep.
23. The willingness to laugh with others and at yourself is healing.
24. Wear out your questions, anger, guilt or other feelings until you can let them go. Letting go doesn't mean forgetting.
25. Know that you will never be the same again, but you can survive and even go beyond just surviving.

-Iris M. Bolton

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(DUNNE, MCINTOSH, DUNNE-MAXIM, NORTON AND CO., 1987)

SURVIVORS OF SUICIDE

WAYS TO TALK TO CHILDREN ABOUT SUICIDE

Talking to Children about Suicide

Define suicide as when "someone chooses to make his or her body stop working."

Give age appropriate facts and explanations.

Dispel myths about suicide.

Retell good memories.

Model feelings and thoughts for children.

Emphasize that there are many ways to solve problems and get help when needed.

Words to use with Suicide

Death: Death is when a person's body stops working.

Depression: Extreme feelings of sadness and hopelessness that last a long time.

Guilt: A feeling that make us think we are the cause of something and that we may have done something wrong.

Grief: The feelings we feel after someone close to us has died. We can feel sad, angry, frightened, or guilty.

Suicide: The act of killing yourself so that your body won't work anymore. People may do this when they feel there is no other way to solve their problems, there is no other way to escape their pain, or they may feel that at the moment life is not worth living. People can get help. There is always another way.

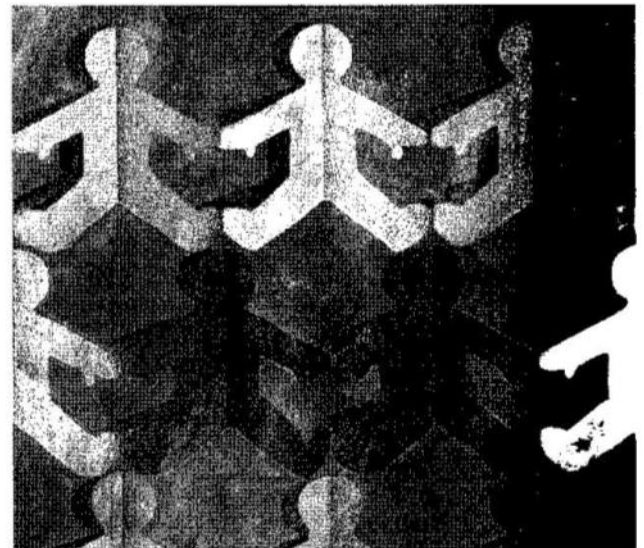
We recommend honesty with children regarding suicide explained in language appropriate to their age level; i.e. with a young child, language such as: "___ had brain sickness that made him/her take his/her own life."

LINDA GOLDMAN, *BART SPEAKS OUT ON SUICIDE: AN INTERACTIVE STORYBOOK FOR YOUNG CHILDREN ON SUICIDE*

Ten Ways to Help Your Child Through the Grief Process

1. Find out what you are feeling.
2. Use accurate language.
3. Assure your child that he or she will continue to be loved and cared for.
4. Reestablish normal household routines.
5. Allow your child to express a full range of emotions.
6. Give your child the message that all of his or her feelings are okay.
7. Encourage your child to say good-bye to the person, pet or situation being lost.
8. Use play and expressive arts to help your child express his or her feelings.
9. Help your child connect with community, through church, school, scouts, or other groups.
10. Draw upon personal rituals, and spiritual and religious beliefs.

MARTHA WAKENSHAW, *CARING FOR YOUR GRIEVING CHILD*



SURVIVORS OF SUICIDE

SUPPORT GROUP INFORMATION

The Link Counseling Center offers support groups for any one who has lost a loved one to suicide. Survivors of Suicide Support Groups provide a safe place where survivors can share experiences and support each other on the journey toward healing. Although support groups are not for everyone, many people have found them to be a vital part of their healing process. The first visit may be difficult. We recommend attending at least three meetings to determine if it is beneficial for you. Additionally, not all SOS groups are the same. Groups are co-led by a member of The Link clinical staff and volunteer survivors and the diversity of group members vary. If one group does not fit your needs, try a different group. The bottom line is, keep reaching out until you find something that is helpful for you.

If you live within the Atlanta area, contact The Link Counseling Center at 404-256-2919 for SOS group information. If you are located outside of the Atlanta area, call the American Association of Suicidology at 202-237-2280 or the American Foundation for Suicide Prevention at 888-333-2377 for a support group near you.

We recommend taking advantage of the free grief consult with a member of The Link clinical staff prior to attending the SOS groups. Call 404-256-2919 to schedule an appointment.

How Support Groups Can Be Beneficial:

- Verbalizing thoughts and emotions helps to connect people with their feelings (no matter how “crazy” those feelings seem).
- A forum is provided for airing grief and seeking direction and support.
- Grieving persons learn that all of us have resources within for helping ourselves and others.
- Members have the opportunity to become friends with people who have suffered similar losses. This reverses the tendency toward isolation and provides a sense of belonging and community.
- It is a relief to learn that we are not going crazy, we are just grieving. These feelings, no matter what they are, are normal. It may be the only place where survivors feel understood. There, true feelings of anger and/or guilt can be expressed without judgment.
- It helps to realize that no one is alone in grief.
- The longer-bereaved survivors can be models of hope.
- There is a sense of doing something positive about grief. Grief can't be ignored.

- This is a place to meet people who truly care about you. Everyone needs hugs and a support group is a good place to get them.
- The self-esteem of a grieving person can be very low. Studies show that based on a scale of 100, an average person's self-esteem is in the 70's, whereas a grieving person's self-esteem ranks in the teens. Self-esteem can be enhanced by helping others in support groups.

By providing support and suggestions for coping, you can receive a sense that you are of value to others. Other people in the group provide assurances that they too have faced similar grief experiences and yet survived.

- Being able to speak to others about problems without encountering rejection reinforces feelings of self-worth. Support groups provide the opportunity to volunteer. Grieving persons feel worthwhile when they realize that even though they are grieving they can help. The process of learning to be of help to another person can develop self-esteem and self-confidence.

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RESOURCES FOR SURVIVORS OF SUICIDE

American Association of Suicidology
4201 Connecticut Avenue, N.W., Suite 310
Washington, DC 20008
202-237-2280
www.suicidology.org

American Foundation for Suicide Prevention
120 Wall Street, 22nd Floor
New York City, New York 10005
212-363-3500
www.afsp.org

The Compassionate Friends
National Headquarters for Bereaved Parents & Siblings
P.O. Box 3696
Oak Brook, IL 60521
630-990-0010
www.compassionatefriends.org

The Jason Foundation
116 Maple Row Blvd., Suite C
Hendersonville, TN 37075
888-881-2323
www.jasonfoundation.com

The Jed Foundation
583 Broadway
New York, New York 10012
212-343-0016
www.jedfoundation.org

The Link's National Resource Center for Suicide Prevention and Aftercare
348B Mount Vernon Hwy, NE
Sandy Springs, GA. 30328
404-256-2919
www.thelink.org
email: linknrc@thelink.org

Center for Disease Control and Prevention
Division of Violence Prevention
770-488-4362
www.cdc.gov/ncipe

Suicide Prevention Resource Center (SPRC)
877-438-7772
www.sprc.org

National Organization for People of Color Against Suicide, Inc (NOPCAS)
4715 Sargent Rd, NE
Washington, D.C. 20017
202-549-6039
www.nopcas.com

The Samaritans
P.O. Box 1259 Madison Square State
New York, NY 10159
212-677-3009
www.samaritansnyc.org

SAVE (Suicide Awareness/Voices of Education)
9001 E Bloomington Fwy., Ste 150
Bloomington, MN 55420-3435
Phone: 952-946-7998 Fax: 952-829-0841
www.save.org

SPAN USA (Suicide Prevention Action Network USA)
1025 Vermont Ave, NW, Suite 1200
Washington, DC 20005
Phone: 202-449-3600 Fax: 202-449-3601
www.spanusa.org

Centre for Suicide Prevention
1202 Centre Street S.E, Suite 320
Calgary, Alberta Canada T2G 5A5
403-245-3900
www.suicideinfo.ca

Yellow Ribbon/Light for Life Foundation
P.O. Box 644
Westminster, CO 80036-0644
303-429-3530
www.yellowribbon.org

LISTEN....JUST LISTEN

If I ask you to listen, will you
Listen with your heart, not with logic;
Listen with your soul, not with indifference;
Listen with your feelings, not with a story.

If I need hope, don't give me facts.
If I need encouragement, don't give me advice.
If I need solace, don't give me platitudes.
If I need to let it out, don't tune me out.

If I ask you to listen, will you
Listen with compassion, not with condemnation;
Listen with understanding, not with an argument;
Listen with love, not with a clock.

If I ask you to listen, will you
Make me matter ~ not invisible;
Caress my loneliness and comfort my pain;
Keep my trust and not dishonor it.

I don't need to be right, but don't make me wrong.
I don't need a teacher, a critic or a judge;
I need freedom to say how I feel
And a friend who will listen.... just listen.

P. H. LEVITT
© 1987

GOD'S MINUTE

**I have only just one minute
Only sixty seconds in it,
Forced upon me,
Can't refuse it,
Didn't seek it,
Didn't choose it,
But it's up to me to use it,
I must suffer if I lose it,
Give account if I abuse it,
Just a tiny little minute,
But eternity is in it.**

Unknown (found on a phone booth wall in New York City)

A RESOLUTION

**To live today as though it were my last,
To spend it royally, yet with reason.
To live happily, love passionately, regret frequently,
Yet to kiss the place that felt the thorn, because of the rose.**

**To treat with all men and women openly, honestly, reservedly,
And at the last, to keep myself in that frame of mind,
Which enables one to lie down to his rest.
Conscious of no great evil done to his fellow man,
And humbly grateful for the opportunity of having done
Some little good in this world.**

Unknown

**I am the place that God shines through
For He and I are one, not two.
He wants me where and as I am,
I need not fret, nor will nor plan,
For if I am relaxed and free,
He'll carry out His plan through me.**

Jill Reeves

**God's plans, like lilies, pure and white, unfold,
You must not tear the close-shut leaves apart,
Time will reveal the calyxes of gold.**

Unknown

Courtesy of Iris Bolton

The Elephant in the Room

By Terry Kettering

There's an elephant in the room.
It is large and squatting, so it is
hard to get around it.
Yet we squeeze by with, "How are you?"
And, "I'm fine" ...
And a thousand other forms of trivial
chatter.
We talk about the weather.
We talk about work.
We talk about everything else—
except the elephant in the room.

There's an elephant in the room.
We all know it is there.
We are thinking about the elephant
as we talk together.
It is constantly on our minds.

For, you see, it is a very big elephant.
It has hurt us all.
But we do not talk about the elephant
in the room.

Oh, please, say her name.
Oh, please, say "Barbara" again.

Oh, please, let's talk about the elephant
in the room.
For if we talk about her death,
Perhaps we can talk about her life?
Can I say "Barbara" to you and not have
you look away?
For if I cannot, then you are leaving me
Alone...
In a room...
With an elephant.

